



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

NOTICE OF DISMISSAL – FAILURE TO APPEAR

Notice Date: March 31, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001769

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED] [REDACTED],

On February 12, 2015, the Marketplace prepared a preliminary eligibility determination that you are not eligible to receive help paying for your health insurance coverage, but can purchase a qualified health plan through the Marketplace at full cost.

Also on February 12, 2015, you spoke to the Marketplace's Account Review Unit and appealed that determination insofar as it did not approve any financial assistance toward the cost of your health insurance premium.

On February 13, 2015, the Marketplace issued an eligibility determination notice that reflected the February 12, 2014 preliminary eligibility determination. It stated that you are eligible to purchase a qualified health plan through New York State of Health at full cost. It further stated that you do not qualify for Medicaid, or receive a tax credit to help pay for the cost of coverage because your household income of \$50,786.82 is over the \$46,680.00 allowable income limit for these programs.

On February 23, 2015, the Marketplace issued a Notice of Telephone hearing to advise you that the hearing you requested was scheduled for March 13, 2015 at 9:00 a.m.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-622-4886).

Between 9:00 a.m. and 9:45 a.m. on March 13, 2015, a Hearing Officer placed three calls to the telephone number that you gave the Marketplace, but was unable to reach you. Since you did not appear for your hearing as scheduled, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The Marketplace's February 13, 2015 eligibility determination continues in effect.

If You Think Your Appeal Should Not Be Dismissed

If you think your appeal should not be dismissed, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing, explain why you did not appear for your hearing as scheduled.

The Marketplace's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, the Marketplace will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and the Marketplace will take no further action on your appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

How to Contact the Marketplace

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-622-4886).

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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